## Guidelines to Requesting Medical Records

This is a guide to assist workers who wish to expedite an applicant's case by obtaining or requesting medical evidence specific to the applicant's impairment. The information is required for evaluation of Medi-Cal disability cases and helps to avoid the need for a consultative examination.

Note: Under no circumstances is the worker to delay sending disability packets to DDSD pending receipt of medical records or deny the application for failure to provide the records.

Condition	Medical Evidence		
MUSCULOSKELETAL SYSTEM – Fractures, Back, Arthritis	<ul> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>Surgical Reports</li> <li>X-Ray Reports – If serial x-rays are available, only the earliest and latest results are needed.</li> </ul>	<ul> <li>Laboratory Reports – in cases involving inflammatory or rheumatoid arthritis</li> <li>Medical and surgical notes describing pain, range of motion, atrophy, sensory motor, reflex changes, gait disturbances, and functional restrictions</li> </ul>	
SPECIAL SENSE ORGANS – Vision, Hearing & Speech	<ul> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>Surgical Reports</li> </ul> Because of the special provisions for the disabled blind claimant, the disabled blind claimant are disabled blind claimant.	<ul> <li>Sight: Central visual acuity before and after best correction; and visual field charts</li> <li>Hearing: Audiograms – aided/unaided; speech discrimination tests; and electronystagmography (ENG)</li> </ul>	
	Because of the special provisions for the disabled blind claimant, the record of the earliest date the individual became statutorily blind is essential – i.e. the first date visual acuity in the better eye with correction was only 20/200 or less.		
RESPIRATORY SYSTEM – Bronchitis, Emphysema, COPD, Asthma, TB	<ul> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>EKG tracings (especially if documentation of M.I.) with interpretation and tracings</li> <li>Reports of serial enzymes</li> <li>Exercise (Treadmill) EKG (TET) with Tracings</li> </ul>	<ul> <li>Angiogram</li> <li>Coronary catheterization</li> <li>Echocardiogram</li> <li>CBC</li> <li>Chest X-Ray</li> <li>Description of Chest Pain</li> <li>Thallium Scans</li> </ul>	
CARDIOVASCULAR SYSTEM – Heart Disease	<ul> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>EKG tracings (especially if documentation of M.I.) with interpretation and tracings</li> <li>Reports of serial enzymes</li> <li>Exercise (Treadmill) EKG (TET) with Tracings</li> </ul>	<ul> <li>Angiogram</li> <li>Coronary catheterization</li> <li>Echocardiogram</li> <li>CBC</li> <li>Chest X-Ray</li> <li>Description of Chest Pain</li> <li>Thallium Scans</li> </ul>	
PERIPHERAL VASCULAR DISEASE	<ul> <li>Same information as listed above for Cardiovascular System</li> <li>Oscillometry – Doppler with exercise if available</li> <li>Arteriography</li> </ul>	<ul> <li>Laboratory Reports (earliest and latest results are needed)</li> <li>If serial x-rays, only the earliest and latest results are needed.</li> </ul>	

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DIGESTIVE SYSTEM - Liver, Ulcers, Colitis	<ul> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>Surgical Reports</li> <li>Height and Weight</li> </ul>	<ul> <li>X-Ray Reports – If serial x-rays are available, only earliest and latest results are needed.</li> <li>Laboratory Reports (serial liver function tests over 5+ months)</li> <li>Malabsorption stool tests</li> <li>Reports on any endoscopic procedures</li> </ul>	
GENITOURINARY SYSTEM – Kidney Failure	<ul> <li>Hemodialysis – any records, whether undertaken or planned</li> <li>Any indication whether dialysis is chronic or acute</li> <li>Any indication of the need for a kidney transplant</li> <li>Serum creatinine or creatine clearance tests</li> <li>Renal Biopsy Reports</li> <li>Sonograms</li> </ul>	<ul> <li>Renal Profusion Studies</li> <li>CBC</li> <li>Weight &amp; Height</li> <li>IV Pyelogram</li> <li>Cystoscopic examination</li> <li>X-Ray Reports – If serial x-rays are available, only the earliest and latest results are needed.</li> </ul>	
HEMIC AND LYMPHATIC SYSTEM - Anemia, Sickle Cell, Leukemia	<ul> <li>All Laboratory Work – especially serial hematocrit</li> <li>Sickle Cell Anemia – any documentation of thrombotic crisis hemorrhage or blood clots.</li> </ul>	<ul><li>X-Ray reports</li><li>Any Pathology Reports</li></ul>	
SKIN	<ul><li>Admission Summaries</li><li>Discharge Summaries, if available</li><li>History/Physical Examinations</li></ul>	<ul><li>Dermatological Report</li><li>Progress Notes</li><li>Biopsy Reports</li></ul>	
ENDOCRINE AND OBESITY SYSTEMS	<ul> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>Laboratory Studies</li> <li>X-Rays for Osteoporosis and Osteoarthritis</li> <li>Neurological Examination</li> <li>Ophthalmological Examination</li> </ul>	<ul> <li>Surgical Reports</li> <li>Doppler Tests</li> <li>Arteriogram</li> <li>Height and Weight</li> <li>Description of Limitation of Motion or Functional Limitation</li> <li>Chest X-Rays</li> <li>PFT with Tracings</li> </ul>	
NERVOUS SYSTEM	<ul> <li>Common Conditions: Epilepsy, CVA, Brain Tumors, Cerebral Palsy</li> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>Neurological Examinations</li> <li>EEG</li> <li>Anti-convulsant blood levels</li> </ul>	y, Parkinson's Disease, Multiple Sclerosis, Polio, Spinal Cord Injury  CT Scans and X-Rays Psychological Examinations Surgical Reports Muscle biopsy EMG Nerve conduction test	

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MENTAL DISORDERS	<ul> <li>Psychiatric Evaluation</li> <li>Psychological test results</li> <li>Psychological evaluations</li> <li>All records (including Admission and Discharge Summaries) of all hospitalizations or treatments during the past (four) 4 years.</li> </ul>	<ul> <li>Description of daily activities and function levels</li> <li>List of all prescribed medication</li> <li>History of drug, alcohol use or dependence</li> </ul>
NEOPLASTIC DISEASES – Cancer	<ul> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>Biopsy and surgical pathological reports</li> <li>Surgical Reports</li> </ul>	<ul> <li>CAT Scans, MRI</li> <li>Chemotherapy, radiation effects</li> <li>Laboratory Reports</li> <li>Tumor Board Recommendations</li> </ul>
IMMUNE SYSTEM – HIV Infection, AIDS, Systemic Lupus, Scleroderma, Connective Tissue Disorder, Vasculitis, Polymyositis	<ul> <li>Admission Summaries</li> <li>Discharge Summaries, if available</li> <li>History/Physical Examinations</li> <li>Laboratory Reports (blood tests, stool tests)</li> <li>Biopsy Reports</li> <li>Microscopy (histology, cytology, pathology)</li> <li>IV test (antibody, antigen, cultures)</li> <li>Other Cultures (sputum tests)</li> <li>PFTs</li> </ul>	<ul> <li>Blood Gas Studies</li> <li>Neurological Exams</li> <li>Angiography</li> <li>Clinical findings cognitive/motor dysfunction</li> <li>Weight loss with diarrhea/weakness/fever – (Height and Weight)</li> <li>Brain imaging</li> <li>Description of how fatigue impacts activities of daily living</li> <li>Psychological Evaluations and Test Results</li> <li>History of drug and alcohol abuse</li> </ul>